

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/558018

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/	/		
2		/	/	/		
3		/	/	/		
4		/	/	/		
5		/	/	/		
6	/		/	/		
7		/	/	/		
8		/	/	/		
9	/		/	/		
10		/	/	/		
11	/		/	/		
12	/		/	/		
13	/		/	/		
14	/		/	/		
15	/		/	/		
16	/		/	/		
17	/		/	/		
18	/		/	/		
19	/		/	/		
20	/		/	/		
21	/		/	/		
22	/		/	/		
23	/		/	/		
24	/		/	/		
25	/		/	/		
26	/		/	/		
27		⊙	/	/		
28		⊙	/	/		
29		⊙	/	/		
30		⊙	/	/		
31		⊙	/	/		
32		⊙	/	/		
33		⊙	/	/		
34		⊙	/	/		
35		⊙	/	/		
36		⊙	/	/		
37		⊙	/	/		
38		⊙	/	/		
39		⊙	/	/		
40		⊙	/	/		
41		⊙	/	/		
42		⊙	/	/		
43		⊙	/	/		
44			/	/		
45			/	/		
46			/	/		
47			/	/		
48			/	/		
49			/	/		
50			/	/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
54				/		
55				/		
56				/		
57				/		
58				/		
59				/		
60				/		
61				/		
62				/		
63				/		
64				/		
65				/		
66				/		
67				/		
68				/		
69				/		
70				/		
71				/		
72				/		
73				/		
74				/		
75				/		
76				/		
77				/		
78				/		
79				/		
80				/		
81				/		
82				/		
83				/		
84				/		
85				/		
86				/		
87				/		
88				/		
89				/		
90				/		
91				/		
92				/		
93				/		
94				/		
95				/		
96				/		
97				/		
98				/		
99				/		
100				/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						